

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045980

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11058

FILED NOV 22 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

St. Louis, Missouri

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Illinois b. COUNTY St. Clair admission)

c. CITY  
OR  
TOWN East St. LouisInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)

1027 Baker

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Rabbi

Rush

4. DATE  
OF  
DEATH

Month

Day

Year

November 7, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10-8-1906

## 9. AGE (last birthday)

57

## IF UNDER 1 YEAR

Months Days

0 25

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chemical Operator

## 10b. KIND OF BUSINESS OR INDUSTRY

Monsanto Chem.

## 11. BIRTHPLACE (City and state or country)

Scooba, Mississippi

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Noah Rush

## 13b. MOTHER'S MAIDEN NAME

Pattie Mosley

## 14. NAME OF HUSBAND OR WIFE

Obera B. Rush

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No No

## 16. SOCIAL SECURITY NO.

42

## 17. INFORMANT

Obera B. Rush, 1027 Baker

## 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Renal failure

## INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Heart disease - unknown type

## DUE TO (c)

434.4

4 years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from October 25, 1963 to November 7, 1963 and last saw her alive on Nov. 7, 1963  
Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

BARNES HOSPITAL

## 22c. DATE SIGNED

11/7/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

Nov. 7, 63

## 23c. NAME OF CEMETERY OR CREMATORY

Sunset Gardens Of Memory, East St. Louis, Ill.

## 23d. LOCATION (City, town, or county)

(State)

## 24. FUNERAL DIRECTOR

P. Q. Crigger, 1036 Tudor Avenue

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

NOV 8 1963

## 26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

East St. Louis, Ill. (Signed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

1  
2 8/20  
3  
4 2  
5 1  
6  
7 1  
8 2  
9  
10  
11  
12 52-0  
13

52

000730-0118

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000730-0118

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed P. Z. Ciggler  
Licensed Embalmer No. 3346

P. O. Address 1036 Tudor  
St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.